



07/06/2004 17:02 FAX 7275078668

Smith&Hopen, P.A.

003/004

JUL 06 2004

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

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21901 7590 04/05/2004

SMITH & HOPEN PA
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CLEARWATER, FL 33760

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Shelley Butz	(Depositor's name)
<i>Shelley Butz</i>	(Signature)
July 6, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/064,847	08/22/2002	Aido A. Laghi	1098.37	3128

TITLE OF INVENTION: PROSTHETIC FOOT WITH MEDIAL/LATERAL STABILIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	07/06/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
STEWART, ALVIN J	373B	623-053000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ronald E. Smith2. Smith & Hopen, P.A.

3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Date)

7/6/04

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FAX

 INTELLECTUAL PROPERTY LAW

To:	U.S. Patent & Trademark Office	From:	Anton J. Hopen
Attn:	Mail Stop Issue Fee	Client:	1098.37
Fax:	(703) 746-4000	Pages:	4 including coversheet
Phone:		Date:	July 6, 2004
Re:	USSN: 10/064,847	CC:	Dr. Aldo Laghi

Urgent For Review Please Comment Please Reply Please Recycle

Dear Sir or Madam:

In response to the Notice of Allowance mailed on April 5, 2004, we enclose the following:

- 1) Transmittal of Payment of Issue Fee with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated July 6, 2004 (1 page);
- 2) Form PTOL-85 (1 page); and
- 3) Credit Card Payment Form PTO-2038 in the amount of \$665.00 (1 page).

Very respectfully,

Anton J. Hopen
 Reg. No. 41,849

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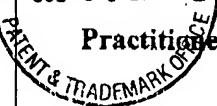
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Smith&Hopen, P. A.

002/004

JUL 06 2004



Practitioner's Docket No: 1098.37

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Aldo A. Laghu)
Serial No.: 10/064,847) Art Unit: 3738
Filed: 08/22/2002) Examiner: Alvin J. Stewart
For: Prosthetic Foot with Medial/Lateral Stabilization) Confirmation No. 3128
)

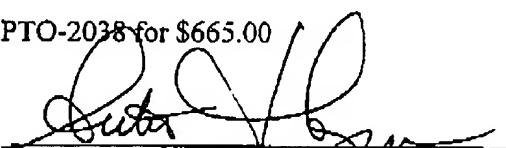
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TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.18(a)):

Regular

Application status is Small Entity—fee: \$665.00
3. Payment of fee:
Enclosed please find Credit Card Payment Form PTO-2038 for \$665.00

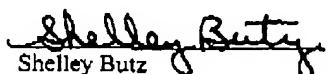

SIGNATURE OF PRACTITIONER

Reg. No. 41,849
Tel. No.: (727) 507-8558
Anton J. Hopen
Suite 220
15950 Bay Vista Drive
Clearwater, FL 33760

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this correspondence and payment is being transmitted to the United States Patent and Trademark Office by facsimile to (703) 746-4000 on July 6, 2004.

Dated: July 6, 2004


Shelley Butz